

STRAWBERRY LANE HEALTHCARE CTR  
130 STRAWBERRY LN

WISCONSIN RAPIDS 54494 Phone: (715) 424-1600

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 130

Total Licensed Bed Capacity (12/31/04): 130

Number of Residents on 12/31/04: 118

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 115

Corporation

Skilled

No

Yes

Yes

115

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		44.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.9	More Than 4 Years		17.8
Day Services	No	Mental Illness (Org./Psy)	46.6	65 - 74	10.2			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	32.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.5	95 & Over	7.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	9.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	11.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	7.6	65 & Over	94.1	-----		
Transportation	No	Cerebrovascular	11.9		-----	RNs		9.5
Referral Service	No	Diabetes	0.8	Gender	%	LPNs		5.3
Other Services	Yes	Respiratory	10.2		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	33.1	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	66.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

#### Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per	No.	%	Per	No.	%	Per	No.	%	Per	No.	%	Per	No.	%	Per	Total Resi- dents	% Of All	
			Diem (\$)			Diem (\$)			Diem (\$)			Diem (\$)			Diem (\$)			Diem (\$)			Diem (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	22	100.0	250	77	95.1	118	0	0.0	0	10	100.0	173	2	100.0	118	3	100.0	250	114	96.6	
Intermediate	---	---	---	4	4.9	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.4	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	22	100.0		81	100.0		0	0.0		10	100.0		2	100.0		3	100.0		118	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	14.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	1.4	Bathing	2.5	78.8	18.6	118
Other Nursing Homes	0.7	Dressing	12.7	66.9	20.3	118
Acute Care Hospitals	81.1	Transferring	27.1	53.4	19.5	118
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	23.7	56.8	19.5	118
Rehabilitation Hospitals	0.0	Eating	68.6	20.3	11.0	118
Other Locations	2.1	*****				
Total Number of Admissions	143	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.4	Receiving Respiratory Care	5.1	
Private Home/No Home Health	33.6	Occ/Freq. Incontinent of Bladder	46.6	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	8.4	Occ/Freq. Incontinent of Bowel	37.3	Receiving Suctioning	0.0	
Other Nursing Homes	4.2			Receiving Ostomy Care	2.5	
Acute Care Hospitals	21.0	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	24.6	
Rehabilitation Hospitals	0.0					
Other Locations	6.3	Skin Care		Other Resident Characteristics		
Deaths	26.6	With Pressure Sores	5.9	Have Advance Directives	55.1	
Total Number of Discharges		With Rashes	6.8	Medications		
(Including Deaths)	143			Receiving Psychoactive Drugs	54.2	
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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.5	84.2	1.05	86.9	1.02	87.7	1.01	88.8	1.00
Current Residents from In-County	89.8	76.9	1.17	80.4	1.12	70.1	1.28	77.4	1.16
Admissions from In-County, Still Residing	28.7	19.0	1.51	23.2	1.24	21.3	1.34	19.4	1.48
Admissions/Average Daily Census	124.3	161.6	0.77	122.8	1.01	116.7	1.07	146.5	0.85
Discharges/Average Daily Census	124.3	161.5	0.77	125.2	0.99	117.9	1.06	148.0	0.84
Discharges To Private Residence/Average Daily Census	52.2	70.9	0.74	54.7	0.95	49.0	1.07	66.9	0.78
Residents Receiving Skilled Care	96.6	95.5	1.01	96.9	1.00	93.5	1.03	89.9	1.07
Residents Aged 65 and Older	94.1	93.5	1.01	92.2	1.02	92.7	1.01	87.9	1.07
Title 19 (Medicaid) Funded Residents	68.6	65.3	1.05	67.9	1.01	68.9	1.00	66.1	1.04
Private Pay Funded Residents	8.5	18.2	0.47	18.8	0.45	19.5	0.43	20.6	0.41
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	46.6	28.5	1.64	37.7	1.24	36.0	1.30	33.6	1.39
General Medical Service Residents	0.0	28.9	0.00	25.4	0.00	25.3	0.00	21.1	0.00
Impaired ADL (Mean)	45.8	48.8	0.94	49.7	0.92	48.1	0.95	49.4	0.93
Psychological Problems	54.2	59.8	0.91	62.2	0.87	61.7	0.88	57.7	0.94
Nursing Care Required (Mean)	5.6	6.5	0.87	7.5	0.75	7.2	0.78	7.4	0.76